



**Study Abroad/Exchange Programme  
Student Application Form**

Please attach 2 recent photographs here

Please Note:

- 1. All sections must be completed
- 2. This form must be completed in **black ink** and in **BLOCK LETTERS**
- 3. Applications must be received by the following dates:  
 Semester 1 applications                      31<sup>st</sup> May  
 Semester 2 applications                      31<sup>st</sup> October

<b>1. PERSONAL DATA (Please complete in Black Ink and Block letters)</b>	
Family Name:	First Name(s):
Date of Birth:	Gender (please tick): Male                  Female
Nationality	Country of Birth:
Email:(Please write clearly in block letters)	
Correspondence Address:	Emergency Contact Details
	Name:
	Address:
Tel:	Tel:
Mobile:	Email:

<b>2. SENDING INSTITUTION</b>	
Home School/College/University:	SUNY CORTLAND
Full Address:	MILLER BUILDING B-110 P.O. BOX 2000 CORTLAND, NY 13045 USA
<b>College/University Study Abroad Coordinator</b>	
Name:	KRISTI ECK
Tel:	607-753-2209
Fax:	607-753-5989
Email:	KRISTI.ECK@CORTLAND.EDU

<b>3. ACADEMIC BACKGROUND</b>	
Full title of Diploma/Degree for which you are currently studying:	
Year of Course:	GPA in Major
Date of Graduation	GPA in Minor

<b>4. DATES OF STUDY</b>	
In which academic year do you wish to study at the University of Cumbria? (e.g. 2007/08)	
When do you wish to study at University of Cumbria?: (Please tick one box)	
Autumn Semester (September – January)	<input type="checkbox"/>
Spring Semester (January – June)	<input type="checkbox"/>
Full academic year (September – June)	<input type="checkbox"/>

**5. SPECIAL REQUIREMENTS**

Please state any physical or other disabilities that may necessitate special arrangements or facilities.

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**6. REFERENCES** Please provide names of two persons who can comment on your academic and personal qualifications. At least one of these should have recently taught you

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**7. SUPPORTING STATEMENT** Please write a brief statement about yourself. You may wish to include comments on your academic career, your future hopes & plans, your main interests and any other factors that you would like taken into account.

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STUDENTS SIGNATURE:

DATE:

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**8. SENDING INSTITUTION DECLARATION**

We confirm the above student:

1. has achieved the necessary level of professional competence to undertake the courses requested.
2. is medically fit to undertake the courses requested
3. has an English Language qualification equivalent to IELTS 6.0

**Study abroad coordinator**

Signature:

Date:

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Institutional Stamp:

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**PLEASE RETURN THIS FORM & YOUR LEARNING AGREEMENT TO:**

**Kirsten Mingins, International Partnerships Office,  
University of Cumbria, Brampton Road, Carlisle CA3 9AY, UK**

TEL: +44 (0)1228 400300

FAX: +44(0)1228 400366

EMAIL: [Kirsten.Mingins@cumbria.ac.uk](mailto:Kirsten.Mingins@cumbria.ac.uk)

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